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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/761,030	
	Filing Date	January 20, 2004	
	First Named Inventor	Maurice S. Brookhart	
	Group Art Unit	1713	
	Examiner Name	Robert D. Harlan	
Total Number of Pages in This Submission	9	Attorney Docket Number	CL1744 US DIV

ENCLOSURES (check all that apply)

☒ Fee Transmittal Form

☐ Fee Attached

☒ Amendment / Response

☐ After Final

☐ Affidavits/declaration(s)

☒ Extension of Time Request (2 mo)

☐ Express Abandonment Request

☐ Information Disclosure Statement

☐ Certified Copy of Priority Document(s)

☐ Response to Missing Parts/
Incomplete Application

☐ Response to Missing
Parts under 37 CFR
1.52 or 1.53

☐ Assignment Papers
(for an Application)

☐ Drawing(s)

☐ Licensing-related Papers

☐ Petition

☐ Petition to Convert to a
Provisional Application

☐ Power of Attorney, Revocation
Change of Correspondence Address

☐ Terminal Disclaimer

☐ Request for Refund

☐ CD, Number of CD(s) _____

☐ After Allowance Communication
to Group

☐ Appeal Communication to Board of
Appeals and Interferences

☐ Appeal Communication to Group
(Appeal Notice, Brief, Reply Brief)

☐ Proprietary Information

☐ Status Letter

☒ Other Enclosure(s) (please
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Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm
or
Individual name

Rakesh Mehta (Reg. No. 50,224)

Signature

Rakesh H. Mehta

Date

May 4, 2005

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being sent via first class mail to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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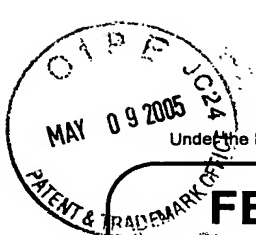
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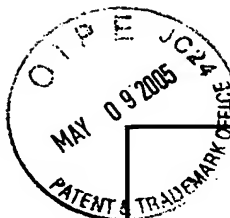
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FEE TRANSMITTAL for FY 2005 <i>Patent fees are subject to annual revision.</i>		Complete if Known	
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		Group / Art Unit	1713
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Attorney Docket No.	CL1744 US DIV
TOTAL AMOUNT OF PAYMENT	(\$)	450.00	

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																		
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 04-1928 Deposit Account Name: E.I. du Pont de Nemours and Company The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account		3. ADDITIONAL FEES																																																		
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Application No: 10/761,030

Filing Date: January 20, 2004

Title: Polymerization Of Olefinic Compounds

Attorney Docket: CL1744 US DIV

- Transmittal
- Response to 1st Office Action Mailed December 15, 2004
- Petition For 2 Month Extension Of Time
- Fee Transmittal
- Receipt Card